



Town Of Mendon

Board of Health

20 Main Street

Mendon, Massachusetts 01756

Telephone: (508) 634-2656 Fax: (508) 478-8241

E-mail address boh@mendonma.gov

Instructions for Trash Haulers Permit

Anyone planning to work in the Town of Mendon must submit the following

1. Application for permit to operate dumpster service and/or removal and/or transport of garbage
2. \$100.00 license fee (check made payable to the Town of Mendon)
3. Sign REAP form
4. Current copy of workers' compensation insurance with Mendon Board of Health listed as certificate holder
5. Current copy of liability insurance with Mendon Board of Health listed as certificate holder
6. REAP form
7. Workers' Compensation Insurance Affidavit: General Business form must be filled out completely.

Applicants may either mail their information or apply in person at the Board of Health office. The office hours are Monday thru Wednesday 7:30 a.m. – 4:00 p.m. Thursday 7:30 a.m. – 3:00 p.m. Permits issued at this time will expire December 31, of the current year.

Prior to any hauling you must contact the office to verify your license is up to date.



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Application for permit to operate dumpster service and/or removal and/or transport of garbage, etc.

Fee \$100.00

Date _____, 20____

Please print in ink or type

This application is hereby made for a permit to operate a dumpster service and/or the removal or transportation of garbage, rubbish, offal or other offensive substances in the Town of Mendon, in accordance with Section 31A, Chapter III of the General Laws of the Commonwealth of Massachusetts and the Rules and Regulations of the Board of Health.

Check applicant if: () Individual () Corporation () Partnership () Other

Print complete name of organization _____

Address of main office _____

Phone Number _____

Names of Partners or officers of organization:

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of applicant or authorized officer

Address

Please list, on attached form, the names and address of locations (residential or commercial) that are serviced by you in Mendon, MA. Also list where the material is disposed.



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Customer List

Name of Corporation _____

Address _____

The following are the names and addresses of customers service in the Town of Mendon as of:
_____, 20____.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____